



1645

Atty Dkt No. 9000-0054
USSN: 09/881,556
PATENT

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop *, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on

9/22/03
Date

[Signature]
Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

SIMONSEN

Confirmation No.: 6837

Serial No.: 09/881,556

Art Unit: 1645

Filing Date: June 14, 2001

Examiner: A.M. Navarro

Title: CRYPTOSPORIDIUM PARVUM ANTIGENS, ANTIBODIES
THERETO AND DIAGNOSTIC AND THERAPEUTIC
COMPOSITIONS THEREOF

AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is an amendment in the above patent

10/01/2003 LHUMES 00000001 1645 09881556
Application in response to the Office Action of June 4, 2003.

01 FC:2251

55.00 DA

X

Applicants request an extension of time for one month from September 4, 2003 to October 4, 2003. Enclosed is a check to cover the \$55 fee.

—

No additional fee is required.

X

Also enclosed: Return Postcard.



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No. of Claims After Amendment			Most Claims Previously Paid			Extra Claims			Additional Fee		
A. Total Claims	10	-	31	=	*	x	\$9	=	\$0		
B. Ind. Claims	2	-	9	=	*	x	\$42	=	\$0		
C. If amended to contain multiple dependent claims, add 280							\$280	=	\$0		
D. Total Amendment Fee (Total of A, B & C)									=	*	
E. If small entity, 50% reduction of Total Amendment Fee (50% of D)									=	*	
F. Total Amendment Fee (D minus E)									=	\$0	

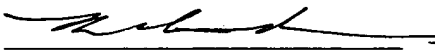
___ A check for \$ to cover the extra claims fee is attached.

___ Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: 9/22/03

By: 
Roberta L. Robins
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